

WEST FARGO PARK DISTRICT

REGISTRATION FORM

Mail to 601 26th Ave E, West Fargo ND 58078
Fax Registrations to: 701-433-5369
Drop off at the Park Office located at 601 26th Ave E.



Participant Name _____ Gender (M/F) _____
(First) (Middle Initial) (Last)

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Cell Phone _____ Birth Date _____

School _____ Parent(s)/Guardian(s) _____

Current Email Address (required) _____

Participant(s) your child will be carpooling with: 1.) _____ 2.) _____

Emergency Contact: _____
(Name) (Phone) (Relationship to Child)

Are you interested in being a Volunteer Coach? Y / N Name of Coach _____ Shirt Size _____

CODE	ACTIVITY NAME	FEE
Total Fees		

Shirt Size

Youth

S M L

Adult

S M L XL

***A current email address is required when registering. Schedules will be emailed prior to the start of team activities and posted at wfparks.org. We respect your privacy and do not sell or lend your personal information to any outside party.**

PAYMENT METHOD
(REGISTRATION NOT COMPLETE WITHOUT PAYMENT)

___ Cash ___ Check (Payable to West Fargo Park District) ___ Visa ___ MasterCard ___ Discover

Credit Card # _____ Exp. Date _____ 3 Digit Security Code _____

Name on Card (Print) _____ Signature of Cardholder _____

WAIVER

I understand that the West Fargo Park District and/or activity sponsor does not provide medical insurance nor will the West Fargo Park District and/or activity sponsor be responsible for any medical expenses. I hereby authorize Park District employees, activity coaches and instructors to act for me according to their best judgement in any emergency requiring medical attention and hereby waive and release the West Fargo Park District, its employees, activity sponsors, coaches, and instructors from any and all liability for any injuries. I also certify that my child(ren) or above listed participant(s) are medically fit to participate in the above activity(s) and have health insurance. I know that my phone number may be given to coaches or instructors, and I realize that I will not receive a refund unless I provide a doctor's note. I know that photos of participants may be used by the Park District.

Parent/Guardian Signature (18 and older) Date _____